

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

**Facility Number:** 347000947

**Report Date:** 09/12/2017

**Date Signed** 09/12/2017 10:33:49 AM

|  |  |
|--|--|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 2525 NATOMAS PARK DR.,<br>STE 270<br>SACRAMENTO, CA 95833 |
| <b>COMPLAINT INVESTIGATION REPORT</b>                  |  |

This is an official report of an unannounced visit/investigation of a complaint received in our office on

**06/13/2017** and conducted by Evaluator Erin Sumner

|               |   |
|---------------|---|
| <b>PUBLIC</b> | <b>COMPLAINT CONTROL NUMBER:</b> 27-SC-20170613090207 |
|---------------|---|

**FACILITY NAME:** NORA'S HOME CARE #2

**FACILITY NUMBER:** 347000947

**ADMINISTRATOR:** BERCI, ELEONORA

**FACILITY TYPE:** 740

**ADDRESS:** 5813 KENNETH AVENUE

**TELEPHONE:** (916) 536-0240

**CITY:** FAIR OAKS

**STATE:** CA

**ZIP CODE:** 95628

**CAPACITY:** 12

**CENSUS:** 11

**DATE:** 09/12/2017

UNANNOUNCED

**TIME BEGAN:** 09:00 AM

**MET WITH:** Eleonora Berci, Administrator

**TIME COMPLETED:** 10:45 AM

### ALLEGATION(S):

|   |   |
|---|---|
| 1 | resident was allowed to have food that was prohibited |
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### INVESTIGATION FINDINGS:

|    |   |
|----|---|
| 1  | Licensing Program Analyst (LPA) Erin Sumner conducted an unannounced visit to the facility on 9/12/17   |
| 2  | at 9:00 AM for the purpose of delivering findings for the above allegation. LPA met with the administrator,   |
| 3  | Eleonora "Nora" Berci. LPA let Nora know the reason for the visit.  |
| 4  |   |
| 5  | During the complaint visit, LPA reviewed residents file, reviewed medical records from Kaiser Roseville   |
| 6  | Hospital, reviewed medical records from Pine Creek Care Center, skilled nursing facility and conducted  |
| 7  | interviews. The administrator admitted that she knew R-1 needed a pureed diet and had gotten distracted   |
| 8  | and accidentally gave R-1 solid food. The administrator also admitted that she forgot to tell the other   |
| 9  | caregiver that R-1 had a pureed diet as that caregiver was off the day R-1 was admitted to the facility.  |
| 10 | Staff confirmed he was given Macaroni, Stew, and applesauce. On 6/3/17, R-1 was having secretions   |
| 11 | from R-1's mouth and spitting the secretions out. The administrator sent R-1 to the Hospital right away.  |
| 12 | Hospital records document that the R-1 told the hospital R-1 felt that R-1 had somethnig stuck in his   |
| 13 | throat. The hospital released R-1 later that evening on 6/3/17 after deciding R-1 had bronchitis and gave R-1 Albuterol. R-1 was released back to the facility. Later that evening R-1 was given his medications with applesauce. He began throwing up and aspirating. The administrator sent R-1 back to the hospital an hour after he was released from the hospital. |
|    | Medical records documented R-1 having Macaroni, Meat, Applesauce and a Cucumber or Zucchini in his esophagus after the resident expired on 6/17/17 due to Aspiration Pneumonia and food in R-1's Esophagus.   |

Based on LPAs observations and interviews which were conducted and record interview(s), the preponderance of evidence standards has been met, therefore, the above allegation(s) is found to be SUBSTANTIATED. Per California Code of Regulations, Title 22 Division 6, Chapter 8, deficiencies are being cited on the attached 9099D during this visit. Exit interview held, Appeal Rights discussed, Copy of report given.

As a result of this incident, and the resident passing, the violation warrants a civil penalty assessment. At this time, the civil penalty assessment is under review per H&S Code Section 1569.49 and a civil penalty determination is pending by the department.

**Substantiated**

**Estimated Days of Completion:**

**SUPERVISOR'S NAME:** Antoinette Wood

**TELEPHONE:** (916) 263-4707

**LICENSING EVALUATOR NAME:** Erin Sumner

**TELEPHONE:** (916) 214-5020

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 09/12/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/12/2017

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

LIC9099 (FAS) - (06/04)

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
2525 NATOMAS PARK DR., STE 270  
SACRAMENTO, CA 95833

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** NORA'S HOME CARE #2

**FACILITY NUMBER:** 347000947

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 09/12/2017

| Deficiency Type<br>POC Due Date /<br>Section Number         | DEFICIENCIES  | PLAN OF CORRECTIONS(POCs)  |
|---|---|--|
| Type A<br>09/13/2017<br>Section Cited<br>CCR<br>87555(b)(7) | 1 87555(b)(7) General Food Service<br>2 Requirements-The following food<br>3 service requirements shall apply:<br>4 Modified diets prescribed by a<br>5 resident's physician as a medical<br>6 necessity shall be provided.-<br>7 Administrator admitted she gave R-1<br>solid food on accident and not pureed<br>food.   | 1 Administrator stated she will make a<br>2 chart for each resident that needs a<br>3 special diet and medications and will<br>4 post it in the kitchen. Administrator shall<br>5 hold an in-service training will all staff<br>6 on the new chart for residents with<br>7 special diets. Administrator shall send a<br>copy of the chart and the staff signature<br>sheet to LPA by the POC due date of<br>9/13/17. |
| Type B<br>09/15/2017<br>Section Cited<br>CCR<br>87405(d)(1) | 1 87405(d)(1) Administrator -<br>2 Qualifications and Duties-The<br>3 administrator shall have the<br>4 qualifications specified in Sections<br>5 87405(d)(1) through (7). If the licensee<br>6 is also the administrator, all<br>7 requirements for an administrator shall<br>apply.-Knowledge of the requirements<br>for providing care and supervision<br>appropriate to the residents.- | 1 Administrator shall write a plan of the<br>2 steps she will take when accepting<br>3 residents to ensure an incident like this<br>4 does not occur in the future. The written<br>5 plan shall be submitted to LPA by the<br>6 POC due date of 9/15/17.<br>7  |
|   | 8 Administrator admitted she did not<br>9 know that R-1 had an Esophagus<br>10 problem and just knew he needed<br>11 pureed food. R-1's 602 states he has<br>12 Dysphagia and Oropharyngeal phase.<br>13<br>14  | 8<br>9<br>10<br>11<br>12<br>13<br>14   |
|   | 1<br>2<br>3   | 1<br>2<br>3  |

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**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

**SUPERVISOR'S NAME:** Antoinette Wood**TELEPHONE:** (916) 263-4707**LICENSING EVALUATOR NAME:** Erin Sumner**TELEPHONE:** (916) 214-5020**LICENSING EVALUATOR SIGNATURE:****DATE:** 09/12/2017**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 09/12/2017